	2766 CERTIFICATE OF DEATH Reg. Dist. No.	2749
	1. PLACE OF DEATH OCUMENTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Sesidence before o. STATE O.	odmission)
21	b. CITY OR TOWN (If autside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) ERURAL and give nearest fown) RURAL and Give nearest fown)	Sol town)
(M)	LOK INSTITUTION	IS RESIDENCE ON A FARM? YES NO
60	3. NAME OF DECEASED (Type or print) Cherry Robin Ruth Barker 4. DATE Month Day (Type or print) Cherry Robin Ruth Barker 29	Year 19 5 76
3)	18 Male Wh. Tel WIDOWED WORLED 1911/16 A 8, 1430 Yrs.	Haurs Min.
G)	None Maryland U.S	WHAT COUNTRY?
and and	Elwood Barker Amanda Tilson	
I Pour	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Barker Notting (15 year, give wor or dates of service) Nove Elwood Barker Notting	naham
all will will be a second of the second of t	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pre use a ture deliver - Negura to 1 Death -	AND DEATH
eve A	Canditions, if any, which) (b) Cause undeterminated - Tomonthes gestation - 14/65 12 02	
2	gave rise to immediate cause (a), stating the under-tying cause fast. DUE TO	
0		WAS AUTOPSY PERFORMED?
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. p. m. 19 at work at work at work (Caunty)	(State)
	21. I certify that I attended the deceased from 28 Harel , 1956, to 29 Harel , 1956, that I last saw alive on 29 Harel 156, 19 , and that death occurred at 6:45 AM, from the causes and on the date	
	ACTUAL SIGNATURE Heavy H. Hucher M.D. No. 14 Es. + Fed 291	DATE SIGNED
1	PHYSICIAN'S KLHUS H. HUEBNIER	
	120. BURIAL, CREMATION, 226. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY. REMOVAE (Specify) 3/31/56 West Nottingham 6/0xa May 4	(State)
	2. EUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE # 1/2/3 TO FILE FIRE SIGNATURE	cr
	206520/323	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

HTASH OF TRANSPORTED OF BEATH
HTASH OF DEATH

BUREAU V. S.

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BECEINED

2784 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution Residence before adminion a. COUNTY G. STATE b. COUNTY MARYLAND b. CITY OR TOWN III owiside forporate Amits, write RURAL C. LENGTH OF STAY IN 36 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME/OF HOSPITAL OR INSTITUTION IIf not in hospital, give street address) d. STREET IS RESIDENC ON A FARM files. VENYES M NO IT NAME OF Middle DATE Year for your DECEASED OF DEATH (Type or print) 19 3 5. SEX 9. AGE (In years MARRIED NEVER MARRIED B. DATE OF BIRTH IFUNDER TYEAR IF UNDER 24 HRS. 2 with the Months DIVORCED [ECCUPATION (Give kind of work done 10b. 12. CITIZEN OF WHAT COLINTRY? pe may 13. FATHER'S NAME 14. pages Pages 5 r Page WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Give PM3 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL METWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** WITH shed Plies Conditions, if any, which pencil alang gove rise to immediate cause buriol shauld **DUE TO** (a), stating the underlying couse last. 0 Ö PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 8 PERFORMED? NO D 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY DEOF CONTRIBUTING shauld 20e. PLACE OF INJURY (Home, farm, 20f. (City or fawn) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) tary, street diffice bldg cute the certificate, writing the wfarwarded to the Chief Medical StrukRAL DIRECTOR: Page 3 sh Nat while at work at work 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection V. Inquiry X and find that death resulted from: Natural causes Accident Z Suicide . Hamicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER D 220 BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 0 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

1.	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12751
1806	2785 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
should should	1. PLACE OF DEATH O. COUNTY CLUB MARYLAND 2. USUAL RESIDENCE-(Where deceased lived. Minstitution: Residence before education) O. STATE CLUB. b. COUNTY CARCLE
Poge,	b. CITY OF TOWN III outside approve Right write RURAL and give nearest lown) The state of the s
oy is ne director lles.	daname of Hospital or institution (if not is hospital, give street oddress) d. Street adoress 38/SuigleCre Colleger Yes No No
dell uneral registra	3. NAME OF DECEASED (Type or print) SOLV First FLASSITT BARNES DEATH 3 4 1956
to the limited for the limited	5. SEX N. 6. COLOR OR RAGE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours foot bythog) 1 Junior 14 Hrs. Months Days Hours Min.
fifer dec	100. USUADOCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Shole or foreign country) 12. CITIZEN OF WHAT COUNTRY? WILLIAMY TON NELL! 12. CITIZEN OF WHAT COUNTRY? WILLIAMY TON NELL!
Sges 1, 2 e 5 may pages 1	John. L. Bancedr. Lucy. L. Sisson
Give Pogo	18 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Tax. no. or unknown) (If yes, give wor or dates of service) 222-01-1121 wis marie 7 Soltow 1707 Weller had
m 18. w	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Compound For actual Of about, IMMEDIATE CAUSE (a)
be exected in the with for transit	Conditions, if ony, which) By Lacerate Head & face.
shauld in penci a buria	gave rise to immediate cause (a), staling the underlying cause last. (c)
ifficate ding: is Office as	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED TO PE
s cer cominer	200. EXTERNAL CAUSE WAS PRIMARY D'OF CONTRIBUTING 200. DESCRIBE HOW INJURY GCCURRED. (Enter noture of injury in Part I or Part II of item 18.) CAUSE OF DEATH. 200. EXTERNAL CAUSE WAS PRIMARY D'OF CONTRIBUTING CAIR LLLT TULLING LEGHT NOTURE LEGHT
the value of the sample of the	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) Hour a.m. 3-4 1956 of work of work of work of work of work
writing writing brief Me	21. I certify that I taak charge of the remains described above, held an Autopsy, Inspection Z Inquiry and find that death resulted fram: Natural causes, Accident Z, Suicide, Hamicide, Undetermined cause
infecte, or the Control of the Contr	ACTUAL REPORT OF THE POPULATION M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
the certain and the certain NERAL smayel.	EXAMINER'S RCDOGSON, WD ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEP
TO DEP	220 PURIAL CREMATION, 1726. DATE THEREOF 56 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specific 3-4-56 ST. Joseph's Cem. Wilmington, DEA.
VS. ATSME(5) 5M 9/55	23. FUNERAL DIRECTOR'S SIGNATURE JOHN SON ADDRESS LKTON, MD. DATE 3/6/56 246. REGISTRAR'S SIGNATURE FOR FLAGOR



DECENTED

VS A15 (4) 15M 9/55

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02752

CERTIFICATE OF DEATH OMOC

2.1	<u>Sb</u>	OLIVIII 101	AIL OI DEAII		Reg. Dist. No	1. 91
1. PLACE OF DEATH O. COUNTY Cecil		MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md.	ere deceased lived. If institut b. COUNTY		ore admission)
b. CITY OR TOWN (If outside corporate lim	its, write c. LENGT	years		utside corporate limits, write lake City	RURAL and give ne	rorest town)
d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION Chesapeake	give street address) City, Mc	i	d. street Address Chesapea	ke City, Md	. /	e. IS RESIDENCE ON A FARM? YES NOT
	rst	A. Middle Bav	ernschmidt	4. DATE OF BEATH 3 -	nth 6 - Do	Year 56
5. SEX 6. COLOR OR RACE W	WIDOWED 4	DIVORCED [8-9-1873	9. AGE (In years last hirthday) OZ yrs	Months Days	R IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired At HOMO	1) [BUSINESS OR INDU	Baltimo		12. CITIZEN O	S A
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME		
Henry LaPorte			Mary Lou	ise Messick		
15. WAS DECEASED EVER IN U. S. ARMED FOI (Yes, no, or unknown) 11 yes, give wer or dates of	sarvice)		informant irs. Harry Sh		apeake	City, Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	on Int	(b), and (c).]	oblusion		INT	TERVAL BETWEEN ISET AND DEATH
Conditions, If ony, which gove rise to immediate cause (a), stating the under.		ngalater	left ingue	Lesura		4 days
	c)					
PART II. OTHER SIGNIFICANT CON 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER)	IDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GI	VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	206. DESCRIBE HOW	V INJURY OCCURRE	ED. (Enter noture of injury in P	ort I or Part II of item 18.)		
20c. TIME OF INJURY Month, Day, Ye Hour o. st. p. m. 19	While Not work at work	while fo	ACE OF INJURY (Home, form, ictory, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
21. I certify that I attended the	a married	mach	2 1956, to 20	nul 6, 1946		aw the deceased
ACTUAL SIGNATURE	MO	- Not dean		M, from the causes of ADDRESS (Street, city or town,		DATE SIGNED
PHYSICIAN'S HENRY	UDAU	115 MI	CHES	APEAKE C	174 17	
220. BURIAL CREMATION, 22b. DATE THERECORE REMOVAL (Specify) BUT 181 3-12-4		ME OF CEMETERY O		22d. LOCATION (City, lown, Baltimore		(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	EIRT	0000		the state of the s	STRAR'S SIGNATU	
Pippin Funeral Hor	ne EIRC	on, ma.	DATE	Man Man	A. lah	Il feed

DATE

64 . . LU = 2 190 21 30 DETERMINED THE PARTY OF THE PAR WAR 13 1956

MARYLAND STATE DEPARTMENT OF HEALTH

2767

2411 N. Charles Street, Baltlmore

CERTIFICATE OF DEATH

Reg. Dlst. No.

		/_
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	w # 1
COUNTY Ceril MARYLAND	STATE Maryland COUNT	" Ceril
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (Il outside corporate limits, write RURAL and gi	ve nearest town)
OR give nearest town) (heter) (in this place)	TOWN Elleton	21
HOSPITAL OR	STREET (If rural, give location)	-1.1
INSTITUTION OR STREET ADDRESS 239 Mackall SV	ADDRESS 239 Mickell	. St
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) July (Carrissa)	Budwell DEATH 3	26 195
6. SEX 7 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) Wayneld	S. DATE OF BIRTH 9. AGE last hirthday II under Months (a. O. yrs.	
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR		2. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Cente County	COUNTRY?)A.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	71371
Townsia Francis	mary Trampo	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	George Stewart B	edwell
18. MEDICAL CE	ERTIFICATION //	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	· ·	INTERVAL BETWEEN ONSET AND DEATE
000	1 =4	1/1.
Immediate cause (a) Chronic my	searches	Flow
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	estitud naphriti	4 year
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No E
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY	HOW DID INJURY OCCUR?	
	3/	
22. I hereby certify that I attended the deceased from	19.23, to 19.6, that I last	saw the deceased
3/ - :	- /	
alive on 1920, and that death occurred at SIGNATURIO (Degree or title)	7m., from the causes and on the date a	DATE SIGNED
Harbert Bates In A.	Elklow md	3/26/56
	ERY OR CREMATORY LOCATION (City, town, or cour	
REMOVAL (Specify) 3/2,8/56 Juman	elate Congestion Colkton RD	no D
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. May 28 7 R. Frager	K. W. Bus Buso &	Gekton

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED F

The correct age

VS. A15

S'A fivadila

DECELVED 1956 1956

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02754

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2787

CERTIFICATE OF DEATH

2606		Reg. Dist. No						
1. PLACE OF DEATH		2. USUAL RESIDENCE (HO	ME) OF DECEASED	0				
COUNTY-CELL	MARYLAND	STATE MAN	COUNTY & SUL					
OR englaive nearest touch	LENGTH OF STAY	OR (2)	write RURAL and give nearest tow	n) [7				
- TOWN Fort plepalet, Time	Willi	TOWN JUNE WILL	rous, Mu	4ac				
HOSPITAL OR INSTITUTION OR STREET ADDRESS	222	STREET ADDRESS POUT	(If rural give focation)	· "				
3. NAME OF DECEASED (Type or Print)	inton B	1.66	DATE (Month) (Day) DEATH 3 - 29	(Yeer)				
5. SEX 6. COYOR OR 7. SINGLE, WIDOWER (Specify)	AARRIED, 8. DATE OF STORY OF S	OF BIRTH 9. AGE 18	st birthday IF UNDER 1 YEAR Months Days	Hours Min.				
done during most of working life, aven if retract! Willell	OK INDUSTRY	11. BIRTHPLACE (State or foreign country) Mary Land		en of What				
13. FATHER'S NAME James a, Bla	ephuru	Marion	Fris	ell)				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give war or detes of service)	216-09-379	17. INFORMANT & ADDRESS	sektum, For	Wighout				
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	ATH ATH	RTIFICATION		TERVAL BETWEEN				
IMMEDIATE CAUSE (A)	terebrah	Strmonte	00 - :	7 decy				
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNIDED VINDS CAUSE LAST DUE TO	arterio-	Salarous ;	3	5 yron				
STATING CROSE EAST.								
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ulmone	y Tuberou	love- 2	LEJEORO				
196. DATE OF OPERATION 196. MAJOR FINDS	NGS OF OPERATION		YE	S NO A				
216. ACCIDENT WAS UNDERLYING 2 216. PLACE OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY STR. (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Home, farm, factory, reat, affice bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City of	r town) (County)	(State)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While Not while BI work at work	211. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the d	leceased from	2631954, 10 March 25	7., 19. 5. 6, that I last si	w the deceased				
	and that death occurred a	1.1.1.P.s.M., from the causes an		ve.				
SIGNATURE FILTERY	Z M.D.	Pat Lette	treet, city, town, state)	TACKS				
23. BURIAL, CREMATION, DATE THEREOF BENOVAL (SPECIFY) 4-1-195	NAME OF CEMPTERY OR	ell But	ON (City, town, or county)	(Stole)				
24. REC'D BY REGISTRAR REGISTRAR'S SIGNA	F /L L	25 FUNERAL DIRECTOR'S SIGNATUR	ADDRES	Do . And				
DATE 3 = 5 / - 5 6 - 5 - 4 - 4	L Lian - 1 de	(V D& a. a. IIII TROOM	4 XMUICAMAN	KE. WA.				



TO DEPUTY MEDICAL EXAMINER (Certificate should be executed within 24 hours after death. If delay is necessary to retificate, writing the way pending! In pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to

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ar remayal.

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2788

()2755 Reg. Dist. No.

1	PLACE OF DEATH a. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE b. COUNTY								
ŀ	b, CITY OR TOWN (If outside corporate limits, write RURAL C, LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)								
	and give neerest (own)									
-	DOTE 100, OSIT. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS (e. S RESIDENCE								
5	a. The Or Hoseith Ok Institution (is not in nospilot, give sneet address)	ON A FARM?								
Ŀ	DOA to abridge Hospital	U.S. Naval Hospital YES□ NO [3]								
1	NAME OF First Middle Middle	Last 4. DATE Month Day Year OF								
L	(Type or print) Ji mie Dale Br	rown DEATH 3 17 1956								
1	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (in years IF UNDER 14 AR IF UNDER 24 HRS.								
	M : WIDOWED DIVORCED	949433 9-29-33 22 yrs. Months Days Hours Min.								
Ī	0g, USUAL OCCUPATION Give kind of work done 10b. KIND OF BUSINESS OR INDUST	the state of the s								
/ [during most of working life, even if retired) U. S. MAVY	Simport Allo								
ŀ	3 FATHER'S NAME	I Sipsey, Ala. U								
I	0.7.1 0 7									
H	Ollie C. Brown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	Johna Mae Goodwin								
	(If yes, give war or dates of service)									
-		S. Naval necords Bainbrio te, .d.								
I	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH								
	PART I. DEATH WAS CAUSED BY, MACHUNED Neck Bi	lateral Chest Fracture of Illum								
1	DUE TO									
1	Conditions, if ony, which) the Left Clavical									
1	gave rise to immediate couse									
	(o), stoting the underlying couse last.									
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	PERFORMED?								
	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (E.	YES ₹ NO ☐								
	PRIMARY TO G CONTRIBUTING CAUSE OF DEATH.	ner notice of injury in Fort Lor Port II of Item 18.]								
	20c TIME OF INJURY Month, Day, Year Hour Server 8: 20 3/1/719 6 of work of work to the work to the total Ro	CE OF INJURY (Home, form, i 20f. (City or town) (County) (State) bry, street, office bldg., etc.)								
	p. m. 8: 20 3/1719 6 of work of work K	oute 222 Port Derosit Cecil Md.								
	21. I certify that I took charge of the remains described above	ve, held an Autopsy 🔝 Inspection 💢 Inquiry 💢 and find that								
	death resulted from: Natural causes , Accident X, Suice									
	000									
1	ACTUAL & SO REPOSASIA	CHIEF MEDICAL EXAMINER (3)								
	SIGNATURE / CONTROL OF									
4	EXAMINER'S	ASSISTANT MEDICAL EXAMINER								
-	NAME (Type) R. C. Dodson	DEPUTY MEDICAL EXAMINER 🔯								
12	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, lown, or county) (Slote)								
	Tarayet resht 3-20-56	iv y								
2	3. FUNERAL DIRECTOR'S SIGNATURE , ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE								
	xile a fulliment son l'oryvil'e,	· DATE 3-17-56 1 Beamble								



DIRECTOR FUNERAL 0 VS A15 (4)

PHYSICIAN'S J. C. GRASBERGER Acting Director, Professional Services NAME (Type 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Swan Creek. Maryland 3-2-56 lulion Swan Greek L 23. FUNERAL PRECTOR'S SIGNATURE. ADDRESS 24b. REGISTRAR'S SIGNATURE roll 4. Earring Aberdeen. Maryland

02756

ON A FARM?

Hours

NTERVAL BETWEEN 3-4 days

unknown

unknown

PERFORMED? YES NO

(Stote)

DATE SIGNED

YES NO

Year

19 56

Harford

Doy

Days

USA

(County)

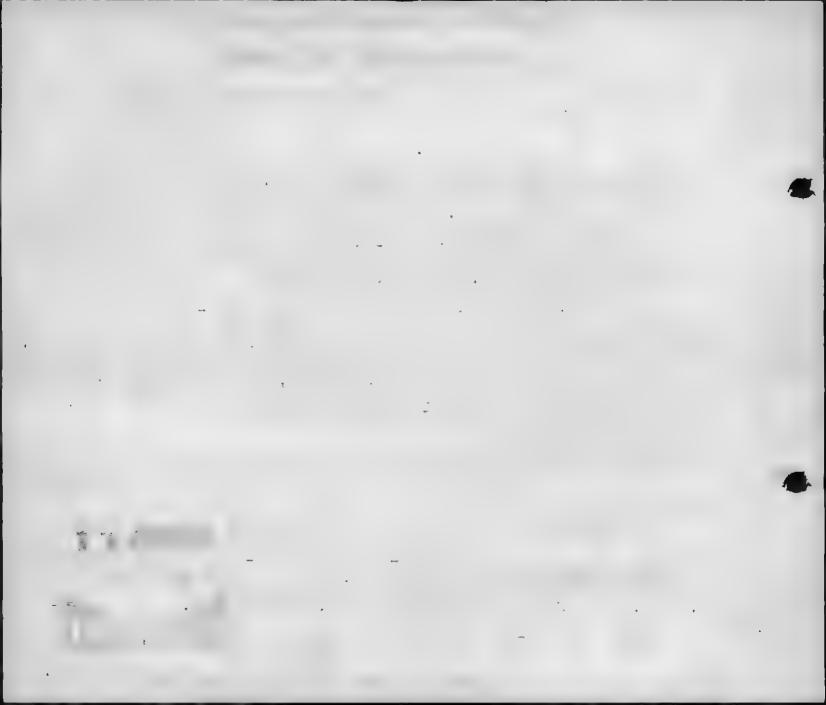
SEEL & RAIN.

CERTIFICATE OF DEATH

2790

Reg. Dist. No. 96

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED									
7	COUNTY Cecil MARYLAND	STATE Maryland county .									
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (II outside corporete limits, write RURAL and give nearest town)									
	OR end give neerest town) TOWN Perry Point OR (in this place) Town OR end give neerest town)	or TOWN Lanham									
	HOSPITAL OR	STREET (If rurel give location)									
	STREET ADDRESS Veterans Administration Hospita	ADDRESS Rt. 2, Box 145									
	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Day) (Yest)									
	(Typic or Print) WALTER G.	CAMMERER . DEATH March 6 19 56									
	S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED.	OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS.									
	Male White Specify Single 1-1	8-87 69 yrs. Months Days Hours Min.									
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?									
1	refired Horticulturist Dept. of Agricultu										
	13. FATHER'S NAME	. 14. MOTHER'S MAIDEN NAME									
	Fred Cammerer - deceased	Johanna Katt - deceased									
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS									
7	Yes, no, or unk.) (If Yes, give wer or dates of service) Yes WW I unknown	Hospital Records, VAH, Perry Point, Md.									
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH									
		bilateral, unresolved 2-3 days									
	0.110	briaterar, unresorved 2-) days									
	DISEASES OR CONDITIONS, IF ANY, (B) Myocardial fibros	is severe unknown									
	SIMING RISE TO THE ABOVE CAUSE TATING INSIDEDINING CAUSE LAST DUE TO										
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	clerosis severe unknown									
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH DISEASE OR CONDITION CAUSING DEATH	general, severe unknown									
1,	198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES TO NO									
	21e. ACCIDENT WAS UNDERLYING 121b. PLACE (Home, form, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stele)									
	21d, TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e, INJURY OCCURRED While Work of work	2H. HOW DID INJURY OCCUR?									
	22. I hereby certify that X attended the deceased from	10.55 to 3=6 10.56 2000000000000000000000000000000000000									
1	22. I nereby certify many allended the deceased from										
¥	SIGNATURE L. MALE LANGE TO THE MALE AND	ADDRESS (Street, city, lown, stele) DATE SIGNED									
A15C 1-55 10M	W. OPPLER, Director, Professional Services	VAH, Perry Point, Md. 3-6-56									
1.5	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF										
A15C	REMOVAL (SPECIFY) Removal 3-6-56 Oak Hill	Janesville, Wisconsin									
VS	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25, FUNDRAL DIRECTOR'S SIGNATURE ADDRESS									
	DATE 3 - 7-52 Inene E. Dougtorty	Formation Work Have Grace, Md.									



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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deloy is necessary, please exe-TO DEPUTY MEDICAL EXAMINER: For contificate should be executed within 24 haven after death. If cute the certificate, writing the way pending" in pencil in Item 18. Give Mages 1, 2, and 3 to the forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the or remayal.

VS. A15ME(S) 5M 9/55

	١	
Page 4 shauld be)	burial, cremation.
and 3 to the scherol director.	age 5 may be retained for your files.	File pages 1 and 2 with the registrar priar to burial
n Item 18. Give I	ith form P.M3. P	onsit permit. Fil

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

		PLACE OF DEATH)	2. USUAL RESIDENCE (Where deceased fixed. If Institution: Residence before admission)
Л	•	LOCKE MARYLAND	O. STATE NO BELL CAROLIVA DUPLIN
	ь	CITY OR TOWN (If outside Corporatedimin, write RURAL ond gyraftederest form)	c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)
	7	Mirtu Centilo	CLYPSA
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS . IS RESIDENCE
	Ø		ON A FARM?
	3.	NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) WOOD ROW WILSON	DAVIS 08ATH 3 / 1956
	5. 5	Maca la Davita	DATE OF BIRTH 9. AGE (In years left UNDER 1YEAR IF UNDER 24 HRS. Months Days Hours Min.
		Mach Yull widowed DIVORCED	1-19-1918 37 m.
,	10a	. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRUMENT OF WORKING Life, even if retired)	17 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
4		TRUCK DRIVER	NORTH COROLINA 1 1 DCC
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		W. B. DAVIS	BESSIE TRICE
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address
٥		240-24-690A ()	U. T. Wavis Calypso n. C
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: COMMONME TU	racture B. Strill and
J		DUE TO A	2 1
Ì		Conditions, if any, which) (b) (Mushed	Ellet
		gove rise to immediate cause (a), stating the underlying DUE TO	
		cause lost. (c)	
	Ž.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
`	CAT		YES NO Z
	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY TAO CONTRIBUTING CAUSE OF DEATH.	Her nature of injury in Part I or Part II of item 18.)
	- T. 1	17 aux in me	a ver and crushed lun'
	MEDICAL	No	E OF INJURY (Home, form, 120f. [City or town) (County) (Stole)
	ME	7 Hour 3 / 19 56 of work of work	rite 40 North Cast Eeril Ma
		21. I certify that I taok charge of the remains described above	re, held an Autopsy 🔲, Inspection 🔀 Inquiry 🔯, and find that
		death resulted fram: Natural causes [], Accident 🔀 Suid	ide, Hamicide, Undetermined cause
		(A) (A) (A) (A)	
		SIGNATURE SIGNATURE	M.D. CHIEF MEDICAL EXAMINER []
		EXAMINER'S DO DONNER'S DO L. 11D	ASSISTANT MEDICAL EXAMINER () 3-1-56
		NAME (Type) /Y C D OCI SO / / / U	DEPUTY MEDICAL EXAMINER A
	220	BURDAL CREMATION, 276, DATE THEREO 22c. NAME OF CEMETERY OR C	REMATORY 22d. LOCATION (City, town, or county) (Stote)
		olemand. 3 3 7 6 Way is m	moridlas (Wayne County n. C
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
		Jeseph of Frank " on The East is.	. DATE 3-1-1956 Darah & Rothermel

everavy v =

3561 8 AM.

BEGEINE

			S CERTIFICATE OF DEATH Reg. Dist. No. 92
	1.	PLACE OF DEATH o. COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution) Residence before admission) o. STATE b. COUNTY New Castille
•		b. CITY OR TOWN III autide corporate Hintis, write RURAL c. LENGTH OF STAY IN 16 and give near the corporate Hintis, write RURAL c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wilmington
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Union Hospital	d. STREET ADDRESS 909 W Fouth St. o. IS RESIDENCE ON A FARMY YES NO
		NAME OF DECEASED (Type or print) Elzie Smith Elliott	Loci 4. DATE Month 3 Doy 18 19 56
		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B WIDOWED GP DIVORCED	10 July 10 Hours Min.
j	100	a. USUAL OCCUPATION (Give kind of work done during most of working hite, even if retired)	11. BATHPLACE (Shote or foreign country) ASAR. Co N. C 12. CITIZEN OF WHAT COUNTR U.S.A
	13.	George Elliott	14. MOTHER'S MAIDEN NAME
1	15. {Yes	i, WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III	NFORMANT Address
d	7	Conditions, if ony, which gove rise to immediate couse (c), stoting the underlying (c) (c) chest and he	
	CATION	-	PERFORMED? YES NO
	L CERTIF		other car changeing lanes of travel
	MEDICAL		CE OF INJURY (Home, form, 20f. (City or lown) (County) (Stote) ony, street, office bidgetc.) near Elkton Cecil Mac
		21. I certify that I took charge of the remains described abodeath resulted from: Natural causes , Accident , Sui	ove, held an Autopsy Archive, Inspection Archive, Inquiry Archive and find the cide Archive Ar
		SIGNATURE A COLOCULOR	_M.D. CHIEF MEDICAL EXAMINER
		EXAMINER'S R.C.Dodson. M.D.	DEPUTY MEDICAL EXAMINER
	1	O BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR ELLIOTT	CEM+ W. Jefferson n.C.
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ELISTED	Md Date 2/20/56 FR 7 24b. REGISTRAR'S SIGNATURE
	_		

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		MA			STATE DEPAI	RTM	ENT OF HEALT	TH-	-BALTIM	ORE, 1	8 ()	27	62
			27	71	CERTII	FICA	ATE OF DEAT	TH			Reg. Dis	t. No.	92
1.	PLACE OF DEATH o. COUNTY	Cecil			MARYE	AND	2. USUAL RESIDENCE (. If institution b. COUNTY	on: Residenc		admission)
	b. CITY OR TOWN ((If autside corporat	e limits, wr	rite	c. LENGTH OF STAY I	N 1P	c. CITY OR TOWN (If outs	ide corporate lie	mits, write Rl	URAL ond g	ive rear	est fown)
_	181	.kton			18 hour	rs		Zi	on			X	
	d NAME OF HOSPI OR INSTITUTION	Union			_		d. STREET ADDRESS					0.	ON A FARM? YES NO ST
3.	NAME OF DECEASED (Type or print)		First Mar	У	Middle E . F	e độ	lis	4	OF DEATH	Mari		Doy 18	Yeor
5.	SEX	6. COLOR OR R	ACE 7.	MARRIE	NEVER MARRIE	0	8. DATE OF BIRTH		P AG	E (In years I birthday)	IF UNDER		F UNDER 24 HRS.
Ĺ	Female	White		OWED	Total		December	1]	1874	4 8 km.			Hours Min
10	during most of wor	tking life, even if a	work done stired)	10b. K	IND OF BUSINESS OF	INDU	STRY 11. BIRTHPLACE (SIG		foreign country)			zen of JSA	WHAT COUNTRY
13	FATHER'S NAME						14. MOTHER'S MAIDEN						
L		Frankli					Sarah E.	.Al	Lexande				
15 (Y	. WAS DECEASED EVI es, no. or unknown)	ER IN U. S. ARMED		16. S	ocial security no. none	17. f	John R.F	eđć	dis Nor	Addi oth E		Rd 1	fa.
F	18. CAUSE OF DE	ATH [Enter only o	ne cause p	per line	for (a), (b), and (c).]							INTER	VAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Left ecrebral Generolage with right them in lagia ONSET AND DEATH 18 Gours										3 Gours		
										2			
	Conditions, if any, which by Hypcotensine Cardiovasevlas Renal Disease												
П	Cause (a), stating	the under DI	JE TO	//									
	lying cause last.		(c)	NIC CC	NITRIBUTING TO OF A	T44 844V	NOT BELLIFO TO THE TER	20.410.10	L DATE AND ADD			1. 1.10	MARC ANTOREY
CERTIFICATION				JNS CU	DNIKIBUTING TO DEA	IM BUI	NOT RELATED TO THE TER	KMINA	AL DISEASE CON	DITION GIV	EN IN PART		PERFORMED?
	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING (CAUSE OF DE MEDICAL EXAMI	ATH NER] 20b.	DESCI	RIBE HOW INJURY OC	CURRE	D (Enter nature of injury i	in Parl	t I or Port II of	item 16.)			
MEDICAL	Hour a. n.	RY Month, Day	W	/hile	IURY OCCURRED Not white	20e. PL fai	ACE OF INJURY (Home, for	elc)	20f (City or lov	vn)	(C	ounty)	(State)
1		hot Lottended			d fram 17 Has	ch	. 19.5%, ta	18	Harel	1056	that I I		w the decease
L	alive on//2	Harit	. 1				accurred at 3.						
П		110 11	,/		*				ORESS (Street, c			o dale	DATE SIGNE
	ACTUAL SIGNATURE	Maus H.	/fee	len	v H.D.		M.D. No. 14	i E	at ho	£		8 M	156 st
	PHYSICIAN'S NAME (Type)	KLAUS	H. H	VE	BNER					1			
22	BURIAL, CREMATIC	ON, 226. DATE TH	REREOF		22c. NAME OF CEME	TERY O	R CREMATORY	22	d. LOCATION (City, town, a	r county)		(State)
L	REMOVAL (Specify Burial		2-195	56	Rose	ban			Calve			C.o.	Ma
23	EUNERAL DIRECTOR	01:	Bland	L 1.	ADDRESS	_		3/2	Y REGISTRAR	24b. REGIS		NATURE	
L	Hose by M.	france	Nort	ın	East, Ma:	rvl	and DATE	1/2	1/56	1	131	us.	a-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



SECEINED SEC

VS. A15ME(5) SM 9755

	,	2772 ME	DICA	L EXAMIN	ER'S	CERTI	FICAT	E OF	DEAT	TH	Reg, Di	st. No.	0	2
1.	PLACE OF DEATH	Cecil		MARY	LAND	2. USUAL RE	Mar;	yland	ed lived. 1	f Institutio		nce befo		ission)
	b. CITY OR TOWN (II	autude corporate limits, writ	RURAL	12 yr	1		TOWN (III		porote limit (R	ura.		give n	parest to	wn}
	d. NAME OF HOSPITA	AL OR INSTITUTION (lf not in ho	spital, give street addres	1)	d. STREET	ADDRESS						ON	A FARM?
3.	NAME OF DECEASED (Type or print)	Lillian		Middle Lee	···	Harri	ngto	4. DATE OF DEATH	M	Month	a	18,		9 56
5.	sex F	6. COLOR OR RACE	7- MARRI	ED NEVER MARRIED		DATE OF BIRTH	0-17		9. AGE (In toll birthe)	years I	FUNDER Months	TYEAR Deys	Hours	ER 24 HRS. Min.
100	usual occupation during most of working House	ON (Give kind of work of life, eyen, if retired) SEWITE		NIND OF BUSINESS OR OUSEWIFE	INDUSTR		t Vi				12. CITE		WHAT ISA	COUNTRY
13	FATHER'S NAME Fred	l Wyatt				14. MOTHER'S		nknov	wn.					
15 tYe		R IN U. 5. ARMED FO Jil yes, give wor or doles of		social security no. Unknown	200	FORMANT PF Fre	d Ha	rring	gton,	Typy	, E1	ktc	n, u	d.
	PART I. DEAT	liate couse		for (o), (b), ond (c).] COPODATY	occ.	lusion	ı					INTER	VAL BETWEEN T AND DEL	een Enown
CERTIFICATION	20a. EXTERNAL CAU			E HOW INJURY OCCUR	-						N IN PART			AUTOPSY PRMED?
MEDICAL CE	CAUSE OF DEATH. 20c. TIME OF INJUR Hour o. m. p. m.		Whil		PLAC factor	E OF INJURY (ry, street, office	Home, form, bldg., etc.)	20f. (City	y or town)		(Cov	nty)		(Slote)
	1	at I took charge from: Natural		remains described. Accident			- ,		nspection ndetermi			у 🔀	and	find tha
	ACTUAL SIGNATURE	le figo	els	ou		_M.D.	MEDICAL EX	- Brand					DATE S	CEMBIE
	EXAMINER'S NAME (Type)	R. C.	Dod	son, M.D.			MEDICAL E							
220	BURIAL, CREMATION REMOVAL (Specify).	1 3-20-		22c. NAME OF CEMETE					zell,		county) rgin	ia	(Stot	e)
23.	Pippin]		Ome	ADDRESS IL	lkt	Md.	240. REC'E DATE	PY REGIST	TRAR 246	REGIST	RAR'S SIG	NATUR	gu	
													U	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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March.	

	MARYLAND STATE DEPARTMENT	r of health—baltimore, 18 U2764
7. Th	· 2792 CERTIFICATE	OF DEATH Reg. Dist. No. 92
carafully legibly.	1 PLACE OF DEATH: COUNTY OLD MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give transport pown)	2. USUAL RESIDENCE (HOME) OF DECRASED: STATE MORULAND COUNTY ORCH CITY(If outside prograte limits, write RURAL and give nearest town)
tion Ind	TOWN () CHUOTH - I (A), I Life_	TOWN SIRION-KUI
wery item of information	HOSPITAL OR INSTITUTION OR 'STREET ADDRESS	STREET (If rural give location) ADDRESS
	DECEASED: (Type or Print) 5. SEX 6. COLOR OR 7. SANGLE, MARRIED. RACE: WIDOWED, DIVORGED. B. DATE WIDOWED, DIVORGED.	DATE (Month) (Day) (Year) OF DEATH: MAINCH 17 1956 OF BIRTH: 9. AGE last birthday Funder (Year Hours Min.)
	OR USUAL OCCUPATION (GV) kind of 10B. KIND OF BUSINESS work done during may of yorking life. OR NOUSTRY:	11 BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT Elkton-Maryland W.S.
Supply	13. FATHER'S NAME: D. Skall	Margaret Crow
NK.	(Yes, no, of ink.) (If Yes, give war or dates of service) 314-03-0833	Sister Mrt Komas Keitley
	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
UNFADING sicians: plea	IMMEDIATE CAUSE (A) CALCUNOT	ma of bowel 18 mos?
2.1	ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY. (B)	
	STATING UNDERLYING CAUSE LAST. (C)	
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
PLAINLY lly_import	DISEASE OR CONDITION CAUSING DEATH. 194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. 40105377
	21A ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact	Ory, 21c WHERE DID (City or town) (County) (State)
WRITE PL	OR CONTRIBUTING CAUSE OF DEATH OF INJURY atreet, office bldg.,	etc. INJURY OCCUR?
127	OF INJURY OF INJURY OF INJURY M. 21E INJURY OCCURRED While Not while at work at work at w	- 9h - 2
age is	22. I hereby certify that I attended the deceased from	, 1953, to low //-, 195 Othat I last saw the deceased
TYF		M, from the causes and on the date stated above. DATE SIGNED D. SLETTO Maryland
LEASE	23. BURIAL, CREMATION, DATE THEREON NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)
PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR TO HISTORY	PIPPIN FUNCTION HOME PLANGES

S A Dolling

V\$ A15 (4) 15M 9/SS

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
2793	CERTIFICATE	OF DEATH	

02765

CERTIFIC.					ALE OF DEATH					Reg. Dist. No.			
1. PLACE OF 6. COUNT	DEATH COCIL		MARI	rland	2. USUAL RESID o. STATE	2.5	learned .	hved. If institute b, COUNTY OF FIR			rant.		
b. CITY O	R TOWN (If outside co-	rporote limits, write	c. LENGTH OF STAY	IN 1b	c. CITY OR T	OWN (If o	utside carpoi	rate limits, write R	URAL ond	give nec	arest fow	nj	
X			3 da.s	s	3000	X POOC	aschor H	oboken			×	****	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION					d. STREET ADDRESS Port Office Boy 164 e is residence on a FARM? POCKET PORT OF THE PORT O								
3. NAME OF	:	First	Middle		Losi		4. DATE OF	Mon	eth	Da	зу	Year	
(Type or p		Y JI	Jan	I	40,.A	L.(D	DEATH	C.A. J.	rch	2	7]	19 6	
5 SEX		OR RACE 7. MARI	RIED NEVER MARRI	- 1	DATE OF BIRTH			9 AGE (in years lost birthday) yrs.	Months	Days	Hours	Min	
10o. USUAL o during n	OCCUPATION (Give kir nost of working life, eve	nd of work done 10b. on if retired)	KIND OF BUSINESS C	OR INDUST		ACE (Stote		ountry)	12. C	ITIZEN C	OF WHAT	T COUNTRY	
13. FATHER'S	NAME				14 MOTHER'S	MAIDEN N	AME						
Fre	ed Clifton	Howard			Bar	rbara	Jean .	Aldrich					
	EASED EVER IN U. S. A		SOCIAL SECURITY NO), 17, 1N	FORMANT	r Deno	rds	Add	ress				
Conditions (JSE OF DEATH Enter PART I. DEATH WAS CA IMMEDIAT tions, if ony, which rise to immediate o), stoling the <u>under</u> - guse loss.	AUSED BY: E CAUSE (o) DUE TO	ne for (o), (b), and (c)								FRVAL BE	ETWEEN D DEATH	
IFICATION ACC	CIDENT WAS UNDERLY ITRIBUTING CAUSE R, NOTIFY MEDICAL E.	ING CI 20h DES	CRIBE HOW INJURY C						EN IN PA	RT 1(0) 1	PERFO	AUTOPSY DRMED? NO [7]	
₹ 20c. TIME	E OF INJURY Month, our a.m.	Doy, Year 20d i	NJURY OCCURRED Not while	20e. PLA foct	CE OF INJURY () ory, street, office	Home, form bldg., etc.	, 20f. (City	or town)		(County)		(Stote)	
21. 1 c alive d			ed from 3: 56,, and that	-1:3 t death 	, 19 <u>56</u> occurred at.	13 2	_M, from	, 19 5 in the causes of reet, city or town,	ind on	last so the da	te stat	deceased ed above ATE SIGNED	
PHYSICI NAME (1	Гуре)	.!') L	, L1 (MO)	ucii		ainr	ridre,	1 N. (g			3-2	1-25	
220. BURIAL, REMOV	CREMATION, 22b. DA	ATE THEREOF	Claston	ETERY OR				TION (City, town, o	er county) و آلانا		(Sion	•	
23. FUNERAL	DIRECTOR'S SIGNATU		ADDRESS			24a. REC'1	D BY REGIST	RAR 245 REGIS	STRAR'S,5	IGNATUI	RE Jan	/	
'y ar	11. 1.11.401	of d sour	Perryv'lle	o, id	•	DATE 3.	-22-16	Van	200	179	1.24	next	

S.V U. TILL

BUREAU V. S.

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BECEINE

VS A15C 1-55 10M -

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2795 CERTIFICATE OF DEATH

02767

Reg. Dist. No.... 96

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF	DECEASED			
COUNTY Cecil MAR	RYLAND	STATE Maryl	and county	Carrol	1		
CITY (If outside corporate limits, write RURAL LENGTI	H OF STAY		porete limi(s, write RURAL	end give neare	st town)		
	his plece) Days	or Town Ham	pstead				
HOSPITAL OR	Dayo	STREET	4	rive location)			-
INSTITUTION OR STREET ADDRESS Veterans Administration	Hoenital	ADDRESS 376	N. Main Str	eet.			
3. NAME OF (First) (Middle)	Mospital	(Last)	4. DATE (M		(Dey)	(Yee	1
DECEASED			OF	· ·			
(Type or Print) JOHN I.		DERTMARK	DEATH M		9		56
5, SEX 6. COLOR OR 7. SINGLE, MARRIED, RACE WIDOWED, DIVORCED,	B, DATE O	F BIRTH	9. AGE lest birthday	IF UNDER 1		IF UNDER	
Male White Specify Married	April	17,1896	59 yrs.	Months	Deys	Hours	Min.
10e, USUAL OCCUPATION (Give kind of work 1 10b, KIND OF BUS		11. BIRTHPLACE (Stele or for	eign country)	12,		OF WHA	ĀĪ
done during most of working life, even if OR INDUSTRY		Maryland		175	COUNT SA	RYZ	
is. FATHER'S NAME		14. MOTHER'S MAIDEN	I NAME				
		MARTHA E					
JOHN HUNDERTWARK 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	SECURITY NO.	I 17. INFORMANT &					
					70		3.6.3
Tes MI-T OURTIO			Records, VAH	l., Peri			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	MEDICAL CER	TIFICATION		1		VAL BETW	
Bronchorne	umonie bi	lateral, unres	solved.		-	3 Day	
MARIEMINIC CITYOL IN	WHOITZO, DA	indicate and and or	011041			7 200	_
ANTECEDENT CAUSE(S) DUE TO MYOCARDIAL	fibrosis	gevere			Unl	known)
GIVING DISE TO THE AROVE CALISE	TIDIODIC	,,007010					
I CTATING LINDSPIANC CALLS LAST DAF IA	rterioscl	erosis, severe	3.		Unl	known	1
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
TO THE DEATH BUT NOT RELATED TO THE Arterioscler	osis,Gene	ralized, sever	*e		Unl	known	L
196. DATE OF OPERATION 196, MAJOR FINDINGS OF OPERA	TION				20.	AUTOPS	r Y
					YES	XI NO	
216. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, fa OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg. If EITHER, NOTIFY MEDICAL EXAMINER)	ctory, 2 , elc.)	tc. WHERE DID INJURY OCC	UR? (City or town)	(County	1)	(State)	
21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY O		II. HOW DID INJURY OCC	UR?				
M. While et work	Not while et work						
22. I hereby certify that Xattended the deceased from							No see
attraction xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	ath occurred at.						
BIGNATURE ALL WILLIAM	_	ADI	PRESS (Street, city, to	wn, state)	D	ATE SI	SNED
W OPPIER "N D Director Reofessi	one M. aSer	rices, VAH., Pe	erry Point.	ivid.	3-	10-56	5
23. BURIAL REMAINING PRATE THEREOF NAME REMOVAL (SPECIFY)	OF CEMETERY OR	CREMATORY	LOCATION (City, for	wn, or county)		(S	tele)
	auls Ceme	etery	Arcadia, U	pperco,	Mar	yland	1
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25 FUNELAL DIRECTOR'S	SIGNATURE		DDRESS		
DATE Parch 10, 1956 Juine & La	un tuit	PENINT INCOME	SON Harre	Decree	oM	d	

INSTRUCTIONS



VS A15 (4) 15M 9/55

		MAKTI	AND.	STATE DEPAR	UM	ENI OF HEALTH	I-RALI	IMOKE,	8	- 0	27	68
		2798	3	CERTIF	ICA	ATE OF DEATH	1		Reg. Dist	• • •	96	VO
1.	PLACE OF DEATH	Cecil		MARYL	UND	2. USUAL RESIDENCE (Who of STATE Maryl		lived If institute b. COUNTY		before	odmissi	on)
J	b. CITY OR TOWN (If RURAL and give nec	outside corporate limi prest town) Point	ls, write	c. LENGTH OF STAY IN	1 16	c. CITY OR TOWN (IF o		ote limits, write R	URAL and gi	re neare:	i lown)	}
	d. NAME OF HOSPITA OR INSTITUT ON Veterans	Administ				d. STREET ADDRESS	The Alt	amont H	otel			DENCE FARM? NO X
3	NAME OF DECEASED (Type or print)	Fir ROL		Middle P.		JENKINS	4 DATE OF DEATH	Marc Marc		Day 18		9 56
5.	sex l'ale	6. COLOR OR RACE	7. MARR	DIVORCED	- 1	8. DATE OF BIRTH 3-22-92	5	AGE (In years loss birthday)	Months C		UNDE	R 24 HRS Min
10	during most of work	N (Give kind of work on ng life, even if retired C	done 10b	KIND OF BUSINESS OR Hotel	INDUS	Maryland	or foreign co	intry)	12 CITIZ		WHAT	COUNTRY
13	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME					
L	·····	John P. Je				Mary E. P	ensmit	h				
15	Yes	IN U. 5. ARMED FOR	CES? 16.	social security no. Unknown		ospital Recor	ds, VA	Add H, Perry		, Mc	d.	
	PART I. DEAT	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	Br	onchopneumo	nia	bilateral lo	wer lo	be unres	solved	ONSET	AND da	DEATH
	Conditions, if an		, Ca	rcinoma bro	nch	ogenic, left	upper	lobe wit	h	unl	knov	yn
	gave rise to im codie (a), stating th			tastasis to								
	lying couse lost.) (c		<u>teriosclero</u>							akno	
CERTIFICATION	PART II. OTHI		DITIONS C	ONTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART		PERFOR	UTOPSY RMED?
	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURREC). (Enler nature of injury in F	ort I or Port	II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	While	Not while	0e. PL/ foo	ACE OF INJURY IHome, farm, tory, street, office bldg , etc.	20f. (City (or town)	(Co	unly)		(State)
	21. I certify the	ot Kattended the	decease	ed from 2-25		, 19 <u>56</u> , 10	3-18	19.56	, acardina	000	(IIII)	P606000
		0000000000		XXXX, and that d	leath	occurred at 9:30		the Causes o		date		d above TE SIGNED
	ACTUAL SIGNATURE	00	MY	te Co		w.o. VAH, Perr	y Poih	t, Md.			3-2	20-56
	PHYSICIAN'S NAME (Type)	W. OPPLE	2	`		Director,	Profe	ssional	Servi	es		
22	REUKINZA KORSTINI REUKINZA KORSTINI ZERIAGO ETIZA	3-22-56		22c. NAME OF CEMEN			22d LOCATI Ba	ON (City, town, ltimore	or county) Md.		(State)
23	FUNERAL DIRECTOR'S			ADDRESS		24a. REC'I	BY REGISTR	AR 24b. REGI	TRAR'S SIGN	ATURE	0	,
W	m.J. Tickne	r & Son, No	rth&I	Penna, Ave., F	3alt	imore, Monte //a	rehz	1,1418 6	ened	Tau	ghe	rty

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

٤ ,

Doy Year 19 56 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days 12. CITIZEN OF WHAT COUNTRY? U. S. A. R. George Mrs. Ellen Holt Jones. R. D. Elkton. Md. INTERVAL BETWEEN ONSET AND DEATH JK- 3/2 PERFORMED? YES NO T (County) (Stole) wh 22 19 16 that I last saw the deceased - Est M, from the causes and on the date stated above. 22d. LOCATION [City, town, or county] (Stote) Maryland County 24b. REGISTRAR'S SIGNATURE

Rep. Dist. No.

Cecil

IS RESIDENCE ON A FARM?

YES TO NO IN

S.V.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar mithin 7.2 Feurs of Leath. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third comp of this death certificate assembly should be detached for use as a burial transit permit.

2797 CERTIFICATE OF DEATH

200	Diet.	No.	

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY CECUL MARYLAND	STATE MATE COUNTY EXCLE
CITY (It outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) : [In this place]	TOWN F' HALLARY'
HOSPITAL OR	STREET (III surel give location)
INSTITUTION OR	STREET ADDRESS (Ill surel give location)
STREET ADDRESS Clare ave	allfarm are
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) () In ARI of a Boss fort. 1	Selder 3 - 1 19 36
5/SEX 1 6. COLOR OR 1 7. SINGLE, MARRIED, / B. DATE C	OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS
WIDOWED, DIVORCED. (Specify)	Months Days Houts Min
10a. USUAL OCCUPATION (GIVE kind of work 10b KIND OF BUSINESS 1	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, evan if OR INDUSTRY	COUNTRY?
retired frewiller blite Honel	many land, ties A.
13. FATHER'S NAME	14, MOTHER'S MAIDEN NAME
L. ATO. FTMM SAUNEY	VANUAN BITTE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk,) (If Yes, give wer or dates of service)	Mark P Riland & bhi 1880. A'A.
P.62	STIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) 1 1 MM CANAL	ti - 5420-
DUC 70	
DISEASES OR CONDITIONS, IF ANY, (B)	Adviso to
GIVING RISE TO THE ABOVE CAUSE	V V
STATING UNDERLYING CAUSE LAST. DUE TO	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	7.1/ -1 5.1/17 -
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	T.id) 524 -
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO X
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while	21. HOW DID INJURY OCCUR?
M. et work at work	,
22. I hereby certify that I attended the deceased from.	1952, to March 1956, that I last saw the deceased
alive on Marat I., 1956 , and that death occurred at	9 20 M from the course and on the date stated above
SIGNATURE /	ADDRESS (Street, city, town, stete). DATE SIGNED
12 +125 -2 2m	15 7 8 0 pm + 10 1 mil 3-56
23. BURIAL, CREMATION, DI DATE THEREOF NAME OF CEMETERY OR	1 Col Niteria Col 1 1/6 4
PREMOVA (SPECIFY)	What the like till &
Prince - 4 /16 0 1/10	yes Viryville, All, Tural
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	29. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 3-3-36 · hene_ E xlaughery	Vila Jufferson (strinell Me.
	the state of the s



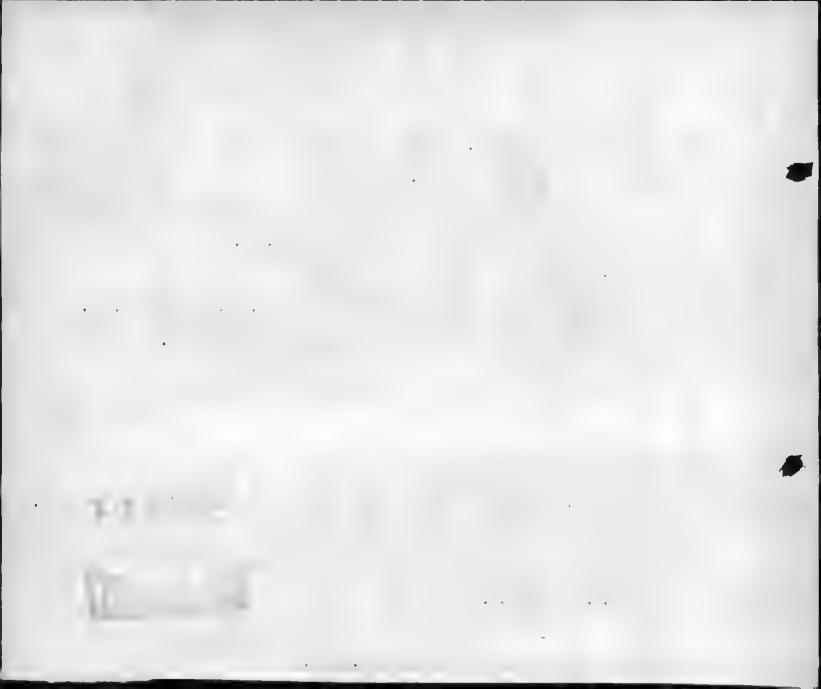
2774 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE **b.** COUNTY MARYLAND b. CITY OR TOWN I'll outside perpendia limits, write BURAL c. LENGTH OF STAY IN 16 c. CITY OR JOWN (If outside cotograte limits, write RURAL and give negrest town) HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. NAME OF e. IS RESIDENCE d. STREET ADDRESS YES NO T NAME OF Middle Day Month Year DECEASED (Type or print 195 DEATH 5 SEX 6. COLOR OF RACE 7. MARRIED TX 9. AGE (In years NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Monlis Days Moure WIDOWED [DIVORCED [100. USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INDUSTRY during most of working life, even if refleed) BIRTHPLACE (State or ferreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN MAME 15. WAS DECEASED EVER IN U. S. W. Ware & 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN DISET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which) gave rise to immediate couse DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES 🔲 NO F 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY | or CONTRIBUTING | 3 should MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc. Hour o.m. Not while at work Ol work p. m. 21. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection / Inquiry X, and find that to the Chief I death resulted from: Natural causes Suicide . Hamicide ... Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER Forwarded to ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 220 BURIAL CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2798 Reg. Dist. No. cremotian PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission o. COUNTY Cecil **b.** COUNTY Maryland MARYLAND Baltimore b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town] Route None Port Deposit RFD Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? HOSPITAL, PERRY POINT MD. DO A 1510 School Street YES NO X 3. NAME OF Middle First Lost 4. DATE Month Yeor DECEASED (Type or print) ERNEST D. KENT DEATH 3 11 19 56 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH AGE (in years IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) Months Days Hours Min. WIDOWED [7] DIVORCED [Male Negro yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? 20 haurs offer 8 moy be n Recreational Aide Hospital Baltimore, Md. USA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ruth Johnson Roland Kent Pages Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addmis WW-11 218 18 0927 Hospital Records, VAH, Perry Point, 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Compound Fracture Of Parietal Occipital Bone. Immediate DUE TO Conditions, if ony, which I ľЫ gave rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS ő PERFORMED? of Examiner's 20g EXTERNAL CAUSE WAS
PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) Struck By Motor Vehichle 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (Slote) rtificate, writing the w to the Chief Medical DIRECTOR: Page 3 sh factory, street, off ce bldg., etc.) White 1956 Port Deposit Cecil Md. of work of work 7 Route 21. I certify that I taak charge of the remains described above, held an Autopsy K., Inspection [XI. Inquiry A, and find that death resulted from: Natural causes . Accident X , Suicide . Homicide . Undetermined cause -4.74 CHIEF MEDICAL EXAMINER cute the cert forworded to O FUNERAL (ASSISTANT MEDICAL EXAMINER EXAMINER'S R.C. DODSON, M.D. NAME (Type) DEPUTY MEDICAL EXAMINER A 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Siote) REMOVAL (Specify) 0 Remova Baltimore. Md. HARR CLURAG REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Druid Hill Ave. Balt DATE Funeral Home, 1631 5M 9/55



INSTRUCTION

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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>	Z CERTI	FICALL	OF DEA	A 8 8 8	g. Dist. No.	96
7						
	1. PLACE OF DEATH		2. ULUAL NEWION		CCCANTO	
		TARYLAND	state Maryla			
	OR and give nearest town)	NGTH OF STAY (in this plece)	OR	arele limits, write RURAL er	nd give nearest town)
	TOUGH IN - 1	mo. 4 days	TOWN Baltim			
	HOSPITAL OR INSTITUTION OR	**	STREET ADDRESS	(If rure) giv	·	
	STREET ADDRESS Veterans Administrati		(Lesi)	Madison Aven		(Year)
	DECEASED			OF		
1	(Type or Print) EDWARD T	-	LAWSON	DEATH Ma		1956
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED. RACE WIDOWED, DIVORCE (Specify) Marri	B. DATE O		9. AGE lest birthday	Months Devs	Hours Min.
	3)-21	35 yrs.		
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDU:	STRY	11. BIRTHPLACE (State or for			EN OF WHAT
4]	relired Mechanic Radio &	T.V.	West Virgi		US	1
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
	Harrison Lawson		Catherin	e Scott		
		TAL SECURITY NO.	17. INFORMANT &	ADDRESS		
1	(Yas, no, or unk) (If Yas, siya, war, or detes of service)	nknown	Hospital R	ecords, VAH,	Perry Po	int, Md.
	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	8. MEDICAL CER	TIFICATION			ERVAL BETWEEN
	IMMEDIATE CAUSE (A) Pulmon	arv edema b	ilateral, sev	ere, due to		Lhour
		n Shock		- 1 940		
	DISEASES OR CONDITIONS, IF ANY, (B)	ii Shock	<u>.</u>			
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO					
	(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
	TO THE DEATH BUT NOT RELATED TO THE					
	DISEASE OR CONDITION CAUSING DEATH	PERATION	· · · · · · · · · · · · · · · · · · ·		2	D. AUTOPSY?
J.	The production of the producti	DEPOSITION N				DON XOK
	218. ACCIDENT WAS UNDERLYING 21b. PLACE (Homo, farm OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office E (IF EITHER, NOTIFY MEDICAL EXAMINER)		Te. WHERE DID INJURY OCCU	IR? (City or town)	(County)	(Stefa)
		Not while	211. HOW DID INJURY OCCU	JR?		
	VA M. et work L	al work				
1	22. I hereby certify that X attended the deceased	from 9-2	, 19.55, to3	-6		NAMES OF THE PARTY
1	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	death occurred at				re.
10 M	SIGNATURE W. Cerrick	Services	ADD	RESS (Street, city, town	n, stete)	DATE SIGNED
	W. OPPLER, Director, Profession	al M.D. V	AH, Perry Poi			3-7-56
A15C 1-55	REMOVAL (SPECIFY)	ME OF CEMETERY OR		LOCATION (City, Iown	•	(State)
	Removal 3-7-56	Baptist Ch		South Bos		
×	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	+ + -	25: FUNERAL DIRECTOR'S	SIGNATURE	2 ADDRES	
	DATE MAN 8	4 · · · · · · · · · · · · · · · · · · ·	Feminato	NE Son Jak	Pa de Cro	00 164
- 1				/		

BUTTAU V. L

DECENAL!

VS A15 (4) 15M 9/55

	2775	CERTIFICA	ATE OF DEATH		Reg. Dist. No.	42773
	PLACE OF DEATH o. COUNTY C ccil	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	b. COUNTY		odmission)
۱	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		itside corporate limits, write l	The state of the s	est town)
ı	Eliton	3 devs	North	East Rd 2	><	
-	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Union Hospi	oddress)	d. STREET ADDRESS			IS RESIDENCE ON A FARM? YES TO NO
ł	3 NAME OF First	Middle	Lost	4. DATE Mo		7
	DECEASED	ice) K	Leikas	OF		Yeor
	5. SEX 6. COLOR OR RACE 7. MARRI		B. DATE OF BIRTH	9. AGE (In years	rch 18 Tie under 1 yearl 1	1956 F HNDER 24 HRS
	Female White WIDOWE		June 8th.1	lost birthdoy)		Hours Min.
ı	100 USUAL OCCUPATION (Give kind of work done 10b.)				12 CITIZENI OS	WHAT COUNTRY?
ŗ,	during most at working life, even if retired)		Finlan			./
1	Housewife		14. MOTHER'S MAIDEN N		Finl	and
A						
	Frank Tuominen			rtteluni		
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes. no. or unknown) (If yes, give war or dates of service)		NFORMANT	Ado	fress	
2		95-12-0557	Henry P. Lei	kes North E	est Rd 2	Ma
ı	18. CAUSE OF DEATH [Enter only one couse per lin	e for (a), (b), and (c).]				VAL BETWEEN T AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Pulmo	nory Edema			7 days
i	1/20,0 DUE TO					
ı	Conditions, if any, which) (b) Av	terioscleratio H	tent Disease			Year
ı	gove rise to immediate couse (a), stating the under-				,	/
	lying couse lost. [c]					
ı		ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GI	VEN IN PART 1(0) 19.	WAS AUTOPSY
١.	\$,	PERFORMED?
ı	PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	ort 1 or Port (I of item 18.)		Д
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	3 20c. TIME OF INJURY Month, Day, Year 20d IN	JURY OCCURRED 20e, PL	ACE OF INJURY IHome, farm,	20f. (City or town)	(County)	(State)
i	Hour e. p. While	Not white to	ctory, street, office bldg., etc.)		(COOM)	(3,0,6)
ı			2	2 2 2 2		
ı	21. I certify that I attended the decease				that I last sav	
ı	alive an 18 17 4 rct 195	مر , and that death	occurred at 9:40 A			stated above.
	ACTUAL Way 4 14. 1	,		DDRESS (Street, city or town,	stote)	DATE SIGNED
ı	SIGNATURE Blows H. James	ur	м.D	4 Eo.t. Rd	18 114	16 56
ı	PHYSICIAN'S VIII.C LI HILE	0 4 - 0	·	,		
ı	PHYSICIAN'S KLAUS H. HUE	DNEK				
	220. BURIAL, CREMATION, 225. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, town,	or county)	(State)
	REMOVAL (Specify) Burial Tarch 21.195	5 Methodies		North Ford	- Ceeil t	163
	23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	9		STRAR S SIGNATURE	756
	Joseph R Trans Nort	h East Mary	DATE 3/	22/56 3	11 Fraz.	~~

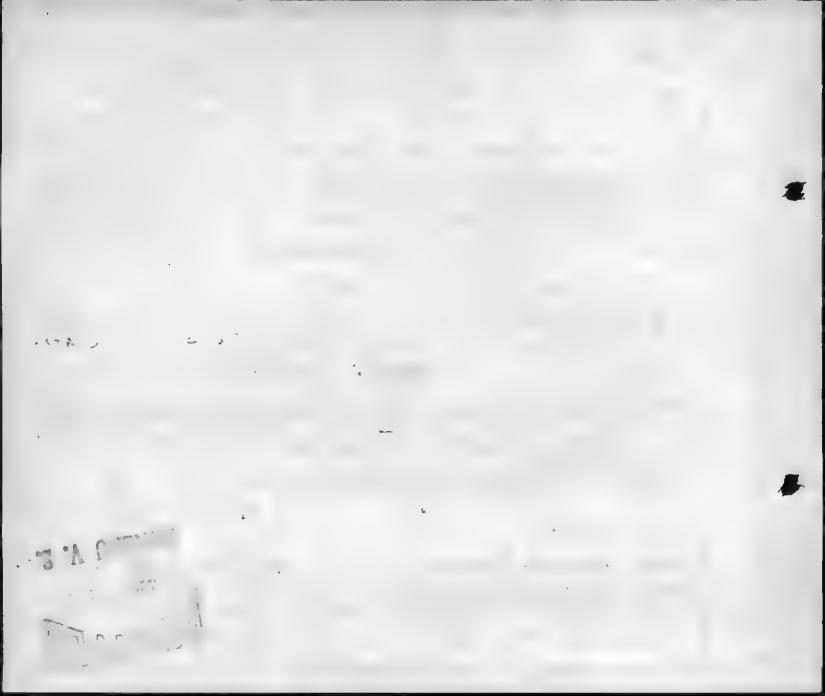
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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To The State of th

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 U2175
		2776 CERTIFICATE OF DEATH Reg. Dist. No. 97
4	1.	PLACE OF DEATH a. COUNTY 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. COUNTY EC. 1. MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. COUNTY E. C. 1.
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ELICTON C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ELICTON D. D. A. V. R. T. L. L. A. S. T.
\$,	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ON A FARM? YES \(\text{NO} \) NO \(\text{NO} \) ON A FARM?
	3	NAME OF First Middle Lost 4. DATE Month Day Year DECEASED OF
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HI lost birthday) Months Days M
,	, 10	TO USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar fareign country) 12. CITIZEN OF WHAT COUNTRY OF WORKING life, even if retired)
/	L	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	15	AUSTIN LEWIS MARGARETTA COLE WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
0	0	No (If you give war as dates of service) Herman B Lockand hould East
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: Status as the maticus IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) Browchial Asthma 10 yrs
		gove rise to immediate cause (o), stating the <u>under-lying cause last.</u> DUE TO (c)
0	CATION	
	CERTIFI	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED White Not while of work of wo
		21. I certify that I attended the deceased from. May , 1948, to 2011-5, 1956, that I last saw the deceased alive on 1911-6, 1956, and that peath occurred at 7:554M, from the causes and an the date stated about
-1		ACTUAL SIGNATURE Helders" H. Harclans M.D. North East Held 20 Harch
		PHYSICIAN'S KIAUS H. HUEBNER
	27	O. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote)
	23	PUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE THE STATE OF THE S
	\leq	offer I trans purch (against 10 ATE 1 4/36 1 3/17 rager



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 280 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1)	2	7	7	6
		_	,	

TO STATE WOOD THE WAY	Reg. Dist. No.
1. PLACE OF PRATH g. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
MARYLAND	o. STATE A Ch. b. COUNTER PULL
b. CITY OR TOWN (If outside corporate firmth, write RURAL c. LENGTH OF STAY IN 16	c. CITY OR JOWN (If ownide comporate limits, write RURAL and give nearest town) **
Likerty from alllipe	Lillety Here X
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street addites)	d. STREET ADDRESS ON A FARM? YES NO N
3. NAME OF DECEASED (Type or print) SEO129E ChEYLA	NO MC CHRISTEL BEATH 3 23 1956
5. SEX A 6 COLOR OR RACE 7- MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	8. DATE OF BIRTH 6-86-1854 9. AGE (in years lift UNDER 1YEAR IF UNDER 24 HRS Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INDUSTRICT OR INDUS	STRY 11. BIRTHPLACE (State or foreign country) 12. CITHZEN OF MYHAT COUNTRY? Likely Grand G.
13. FATHER'S NAME Lardell	14. MOTHER'S MAIDEN NAMB DOWELL
15 WAS DECEASED EVER N U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (18 yes, no. or use nown) (18 yes, give was or doles of service) 2/8-07-6888	informant Relief McCardell Miller Mill
18. CAUSE OF DEATH [Enter only one cause per tine for (a), (b), and (c).]	O INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	epronary Occusion
Had O. / DUE TO	
Conditions, if any, which) (b)	
gove rise to immediate cause (a), stating the underlying DUE TO	
cause last, (c)	
PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING COURRED. CAUSE OF DEATH.	NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED. YES NO PORT
	(Enter noture of injury in Part I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL While Not white at work at work	ACE OF INJURY (Home, form. 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
21. 1 certify that I taak charge of the remains described ab	ave, held an Autapsy 🔲, Inspection 🔀 Inquiry 🗷, and find that
death resulted from: Natural causes 🕰 Accident 🔲, Su	vicide , Hamicide , Undetermined cause .
D. O. D. O. O.	
SIGNATURE / CO TO CLACUL	M.D. CHIEF MEDICAL EXAMINER [
EXAMINER'S P. C DODSON, M.D.	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER OF THE STATE OF
220. BUR.AL, CREMATION, 226, DATE THEREOF 22c, NAME OF CEMETERY O	R CREMATORY 22d, 10CAJION (City, town, or county) (Stole)
Burlas 3-27-1956 West notting	gram Corora, Md, Rural
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE
V. OCALIFA TIMARUSS CON TOPHINGTUSE /	11/1/ DATE 3-24-54 Jane & Warrend



VS A15 (4) 15M 9/55 2

per

	ND STATE DEPARTMENT		IMORE, 18
2802 Items	8,9,FilCERTIFICATE	ÔF DEATH	02777 Reg. Dist. No. 96
	GERTHICATE	OI DEATH	Reg. Dist. No. 70

o, COUNTY	017		2. USUAL RESIDENCE (WI		I lived. If institution b. COUNTY	on. Residence I	before admi	ssion)
	Cecil	MARYLAND	Mar	yland	b. COUNTY	L 1		
b. CITY OR TOWN (RURAL and give n	If autside corporate limits,	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	autside corpo	rata limits, write R	URAL and give	nearest tax	wn) '
Peri	ry Point	3 mo. 12 days	Che	vy Cha	se		1 2	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give	street oddress)	d. STREET ADDRESS				e. IS RE	A FARM?
	ns Administra	ation Hospital	4315	Curti	s Road		YES [NOXET
NAME OF	First	Middle	Lost	4. DATE	Mon	th	Day	Year
(Type or print)	JOHN	М.	MILNE	OF DEATH	Mare	ch	21	19 56
SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 Y	EAR IF UNI	DER 24 HRS
Male	2071 9 1	VIDOWED DIVORCED	12-37-88	1889	lost bigthday)	Manths Do	ys Hours	Min.
a. USUAL OCCUPATION	ON (Give kind of wark dar king life, even if retired)	ne 10b. KIND OF BUSINESS OR INDI		or foreign co	ountry)	12 CITIZE	N OF WHA	T COUNTRY
Lawyer	and mot even in remed)	Unknown	D. C.			US	5A	
. FATHER'S NAME		9884230	14. MOTHER'S MAIDEN N	NAME		1		
	Alexander Mi	lne - Deceased	Isabella	Metca	lf - Dec	eased		
. WAS DECEASED EVE	R IN U. S. ARMED FORCE		INFORMANT		Addı	e11		
Yes, no or unknown)	(If yes, give year of dates of serve	Unknown H	lospital Recor	ds WA	H Panny	Point	1/4	
	m fo		TOOPIOGE TOOOT	do, va	ii, rolly			
	ATH LEnier only one coust	e per line for (a), (b), and (c).]				6	INTERVAL E	D DEATH
TAKI I. DE	IMMEDIATE CAUSE (a)_	Cerebral hemorrh	age, massive				3 m	onths
-11	DUE TO							
Canditions, if a	ny, which) (bl_	Bronchopneumonia	, bilateral				10	days
gove rise to i	mmediate (Tuberculosis ape		lung	active (2	2)		nown
tying cause last	the under-	Arteriosclerotic	heart disease	with	cardiac	cinnha	cie o	f lave
	HER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BU						
				INAL DISERS	COMPINER	EN IN PART (PERF	ORMED?
		Arteriosclerosis					YES K	NO [
PART II. OTO	AS UNDERLYING (20 CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURE	ED. (Enter noture of injury in	Part I ar Part	H of item 18.)			
20c. TIME OF INJUI		20d. INJURY OCCURRED 20e. P	LACE OF INJURY IHome, form	20f (City	or town)	[Cour	mtsul	(Stote)
Hour a.m.		While Not while	octary, street, office bldg., etc	:)	Or lowing	(Cour	шуј	fainal
p. m.	19	at work of wark						
21. I certify th	natal aftended the d	leceased from 12-5-	19 <u>55</u> , ta	3-21	1956	. Sherckdex	selve where	xdexecu
9080800000	000000000000	CONTROL and that deat	h accurred at 10:25	AM From	the courses o	nd on the	date sta	ted about
1	1 17	7			reet, city or town,			DATE SIGNE
ACTUAL	mlil. The	as les nos	W.D. VAH, Per					3-21-
	1	The state of the	ZM.D	17.171	110, 1114.			7-21-
PHYSICIAN'S NAME (Type)	J. GRASBERG	EER /	Acting Dir	rector,	Profess	ional	Servi	ces
O BURIAL CREMATIC	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d, LOCAT	ION (City, town, o	or county)	(Sto	ntel
REMOVAL SPACITY			n National					inel
	7 ~= 7				ington,			
FUNERAL DIRECTOR		ADDRESS Tash.	D . C . 24s. REC'	D BY REGIST	- A	STRAR'S SIGNA	ATURE	
onevy unas	e Fun. Home.	5101 Wisconsin Av	DATE T	- H-	50 12.	20 2	· Lk d.	works

SECEIVED V. S.

CERTIFICATE OF DEATH I director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission COUNTY **b** COUNTY Cacil MARYLAND Marvland Cecil b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest fown)
ELKCON 20 vrs Elkton d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE 101 Park Circle ON A FARM? 101 Park Circle YES T NO T NAME OF Middle 4. DATE Month Year DECEASED OF Cora Newcomer March (Type or print) 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday)

yes IF UNDER 1 YEAR IF UNDER 24 HRS Nov 26, ete Months WIDOWED [T] DIVORCED | popers. 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of yearing the efter retired) Chambersburg, Pa. USA offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John B. Brown McCleary IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Keller J. Newcomer 101 Park Cir., Elkton No None 18. CAUSE OF DEATH [Enter only one couse per line-(or (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) day LL 4-2X Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 39 PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) Not white (County) (Stote) Hour o. r. factory, street, office bldg., etc.) While of work p. m. 19 3 6 that I last saw the deceased 21. I certify that I attended the deceased from_ _, and that death occurred at 8354 M, from the causes and an the date stated above. alive on. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE bert Bates PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREO mithsburg Luthern Church Cometery 22d. LOCATION (City, town, or county) (Stote) CTOR'S SIGNATU 24a. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

AN LATING

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02780

2778 CERTIFICATE OF DEATH

Reg.	Dist.	No. 4	

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEASE	D	
COUNTY LECT	MARYLAND	STATE /17 -/	COUNTY / P	. 1	
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (if outside corpor	rate limits, write RURAL and give ne	rest fown)	
OR end give necest town	(in this piece)	OR TOWN - / L	. 1		
HOSPITAL OR		STREET	(if rural give location)		
INSTITUTION OR 1/7 M		ADDRESS			
	*	11/	441 . 1	J_/	
3. NAME OF (First) DECEASED (Type or Print)	(Middle)	(Last)	4. DATE (Month) OF DEATH /	(Dey) (Year)	
15 Smarket	ARRIED, B. DATE O	V. 1, 1900	9. AGE last birthdey IF UNDE	T YEAR IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even N retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country).	COUNTRY?	
13. FATHER'S NAME	· · · · · · · · · · · · · · · · · · ·	1 14. MOTHER'S MAIDEN I	NAME	121	
1 BENJAN	KIN YINER	CATHE	RINEAN	IdERSON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or detes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & A	PINER 1171	TIL BURNSI	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
19					
44 1 IMMEDIATE CAUSE (A)	A7- 111	5-46 (1)		/ 40 '	
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	Virei cir	P):-		,	
BI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,	The state of the s		7		
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?	
<u> </u>	Ju LARF			YES NO	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY STIE	tome, ferm, fectory, et, office bldg., etc.)	21c. WHERE DID INJURY OCCUP	? (City or town) (Cou	nty) (Stele)	
	Zie, INJURY OCCURRED While Not while at work	21f. HOW DID INJURY OCCUI			
22. I hereby certify that I attended the de	ceased from	19.5.6, to Mar	h LO., 19. 54, that I	last saw the deceased	
alive on a same farmon, 19.3 hours, a					
SIGNATURE			RESS (Street, city, town, stete)	DATE SIGNED	
Love - warne	M D &	+3 % 14.41	of litary, mi	4	
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OF	CREMATORY	LOCATION (City, town, or county	() (S(a)e)	
SEWONY (SPECIFY)	2, 1	1-1	6 01 F.	1	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATO	URE	39: FUNERAL DIRECTOR'S	SIGNATURE EL ALL	ADDRESS WIL	
DATE 3/12, 6 F. JENdney	Yesaall Y	Pinoid Fare	CAL Home BED	1. 18	
11/61 V 14	1 will co	1	DUNK	must the	



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INSTRUCTIONS

OR HOSPITAL: The law requires that the death certificate be executed w The bottom copy may be retained by the hospital or attending physician. ATTENDING PHYSICIAN

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly mhould be detached for use as a burial transit permit.

A15C 1-55 10M

× ×

this this MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 After ŏ copy CERTIFICATE OF DEATH registrar within 72 hours after death, by the funeral director.

3	()	Z	7	8	1

Reg. Dist. No. 92

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY. COUNTY MARYLAND	STATE / COUNTY (QUILL
CITY (If outside corporate limits, write RURAL LENGTH OF STA	Y CITY (If outside corporate limits, write RURAL and give nearest town)
OR end glyapheends/ tauth (in this place).	2 TOWN (iseno, SIM)
HOSPITAL OR	STREET (Ill rurel give location)
INSTITUTION OR 7	ADDRESS ////
STREET ADDRESS UNION FOSHILLI	rram ss.
S. NAME OF (First) (Middle)	(Last) (Month) (Dey) (Year)
(Type or Print) Ter Mudle L.	MICK DEATH 3 - 16 19 56
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8.	DATE OF BIRTH 9 AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS
F. Male A Specify (Specify)	O(+1) 898 TY Months Days Hours Min.
IDE USUAL OCCUPATION (G ve kind of work 10b, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) / 12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY	1 + 12 1970 MI GOUNTHY?
1 way the	18 M. 10, 18 18. 180, W.S.A.
13. FATHER'S NAME, 75	14. MOTHER'S MARDEN NAME
William Tarson	V Mary Sulst
15. WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY	NO. 17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or dales of service)	Manhalling and B. The many & by Many
18, MEDICA	L CERTIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH /	ONSET AND DEATH
IMMEDIATE CAUSE (A) i Clyl	Enal (ice alia
ANTECEDENT CAUSE(S) DUE TO	. 1
DISEASES OR CONDITIONS, IF ANY, (8)	rleuxion
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
(C)	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	2D, AUTOPSY?
	YES NO 🔀
21b. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e, INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?
M. at work et work	<u>UI</u>
22. I hereby certify that I attended the deceased from	1954, to 3 - 1 6, 1957, that I last saw the deceased
alive on 3 - 15 19.56 and that death occur	red at 1/1/15 M. from the causes and on the date stated above.
SIGNATURE / / / / / / / /	ADDRESS (Street, city, town, stets) . DATE SIGNED
1/2 PC DOCERON	Negeny 411 418 3-17-5
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, or county) (Steta)
PREMOVAL (SPECIFY) 3-19 1911 King	Project River & Mary All
24. REC'D/BY REGISTRAR REGISTRAR'S SIGNATURE	aville Maing sum ma
3/10/17	25 EUNERAL DIRECTOR'S SIGNATURE ADDRESS
- 1.1/36 Just	Del a/allersin tou prograte, ma



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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BECEIVEL



EUNCAU V. E

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimere

02784

2781 CERTIFICATE OF DEATH

ieg. Dist. No. 97

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY	STATE COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) (in this place)	OR OR
TOWN FIXTON	TOWN E/KFO 2)
HOSPITAL OR	STREET (If rural, give location)
STREET ADDRESS 20 mid 22 Haspital	ADDRESS 225 E. Main St
	7 18171 31
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) L VAIA A	QUNOIDS DEATH March 6 1856
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WILLIAM DIVORCED,	S. DATE OF BIRTH 8. AGE last birthday If under 1 year If under 24 hrs.
WILTIMED, DIVORCED,	Months Days Hours Min.
10n. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on	
done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIEN OF WHAT COUNTRY)
At Home House Work	Delaware Z.S. A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
atolon W Paralda	Sum = Fand
15. WAS DECEASED EVER IN U.S. ABNED FORCES 1 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS - 60
(Yes, no, or unknown) (If yes, give war or dates of	- 19 FA W SC
nervice)	Elva L. Dean Elkton, NId.
18. MEDICAL CE	RTIFICATION
T DESCRIPTION OF CONTINUOUS PERSONS IN THE PARTY OF THE P	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONERT AND DEATH
(Perlanana)	1 200
Immediate cause (a)	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	anda roual 10 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	ì 20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	Yes No [
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR!
OF While at Not While INJURY m. Work At work	
INJURY m, Work At work	
22. I hereby certify that I attended the deceased from	, 1925, to 3/6, 1956, that I last saw the deceased
alive on 3/6/ 10/6 and that double accounted at	30 A.m., from the causes and on the date stated above.
alive on	ADDRESS DATE SIGNED
Herbert Sates, in s.	Elklan had \$77/56
23. BURIAL GRENATION DATE THEREOF NAME OF CEMETER	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. EUNERAL PIRECTOR ADDRESS
REOMAN - G TRITIAN	Personal Har a Ell & 111

2 .V UADRUQ

SECT ST AAM

DECEIVED MAR 83 1956

BUREAU V. S.

3		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	786
4 55		2782 CERTIFICATE OF DEATH Reg. Dist. N	42
R. Poge filed wil	1.	PLACE OF DEATH a. COUNTY Cecil MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution Residence be o. STATE NIATYLAND CO	efore admission)
death merol d be	0	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give rearest town) Elkton Maryland	nearest town)
s after y the fu 2 shaul	-	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Union Hospital d. STREET ADDRESS Powell's Apt., Water St.	e 15 RESIDENCE ON A FARM?
thaur ad in b		NAME OF First Middle Lost 4. DATE Month	YES NO Day Yeor
Sage Sage	-	(Type or print) ITVING HANCY SIMMONS DEATH MATCH SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH W NOT 9. AGE (In years 15 UNDER 1 YE) Months Days Months Days	25, 19 56 AR IF UNDER 24 HRS.
plete		MIDOMED DIACKEED 1604 th 1040) / Aus	
execution paper and company death.	L	Cook Restaurant Maryland	USA
cian o carb	13.	3. FATHER'S NAME John Wesley Simmons 14. MOTHER'S MAIDEN NAME Mary Elizabeth Dick	
g physi remove 2 haur	15 (Ye	5 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 213-05-4636 Nilford Simmons, Elkton, Md	
death tendin pleose vithin 7	F	In cause of page 5	ITERVAL BETWEEN
he de otte en pl		PART F. DEATH WAS CAUSED BY: Circle worder account and	NSET AND DEATH
that the by the it. The y even		Canditions, if ony, which) the Devely intervaling the	ul -
signed signed a in on		gave rise to immediate couse (a), stating the under-	T DATE
ow re ysicion been fransi	NO.		19 WAS AUTOPSY PERFORMED?
The log phy g phy has buriely amove	CERTIFICATION	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.)	YES NO
AN:			
PHY ol ar this cert r use os	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Have a. [1. While Not while of work of two controls of two controls of work of two controls of two c	y) (Stole)
Single of the color, or co		21. I certify, that I attended the deceased from March 5 , 19.77, ta Mosh 25 , 19.76, that I last	
OR: Jhe l		alive on 19 19 19 and that death occurred at 10 P. M. from the causes and an the d	ate stated above
oct by MECT In the design of t		SIGNATURE - I Kelf trying fr. M.O. 235 t. win & T. Einten A	d. 7/27/3
RAL D should should		PHYSICIAN'S S. RALPH ANDREWS JR.	
HOSE THAN POSE 3	220	20. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) REMOVAL (SECURITY) NIBER 28 1956 FIRED COMMETTERY FIRED COUNTY	(Stale)
5 E 5 8 E	23.	Burial Mar 28 1956 Elkton Cemetery Elkton, Maryl ADDRESS A 240. REC'D BY REGISTRAR 246. REGISTRAR SIGNATURE	
VS A15 (4) 15M 9/55	4	Memytoppin Eleton MA DATE 3/28/56 FR Fr	azer

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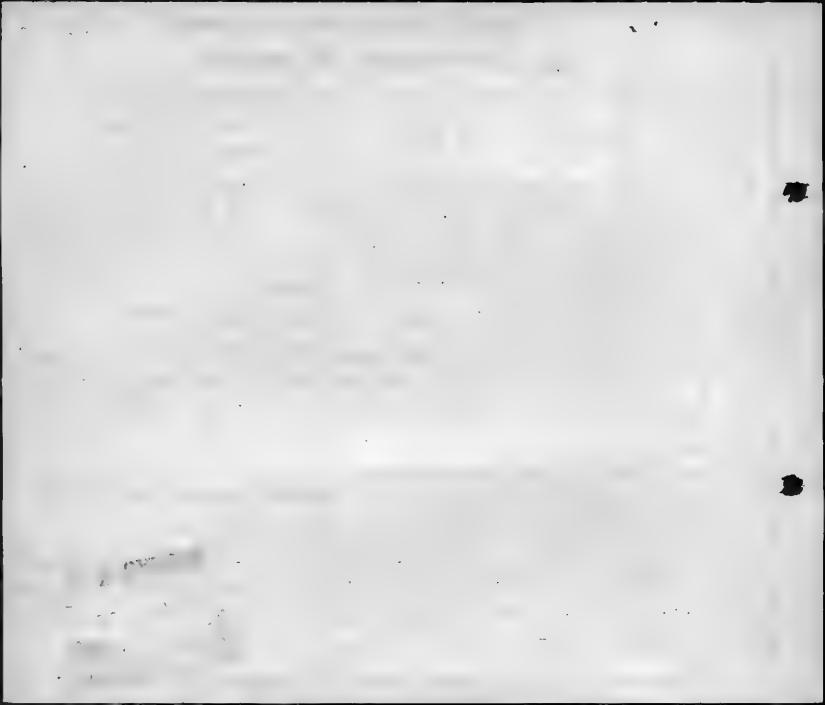
INSTRUCTIONS

2806 CERTIFICATE OF DEATH

Rea.	Dist.	No. 96
	Dist.	6404

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DE	CEASED				
COUNTY Cecil	MARYLAND	STATE Maryland COUNTY						
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (II outside corporate limits, write RURAL and give nearest town)						
OR and give nearest town) Y TOWN Perry Point	(in this place) 22 days	TOWN Baltim	7 P.B					
HOSPITAL OR	AL ULYS	STREET	(il rural giv	e location)	v ,			
- INSTITUTION OR		ADDRESS		e locellon)		1		
STREET ADDRESS Veterans Administrat:			. Chase					
3. NAME OF (First) (Mid	die)	(Last)	4. DATE (Mon	ih) (Day	(Yee	r)		
	r.	SNOOK	DEATH Ma	rch 2	19	56		
5. SEX , 6. COLOR OR 7. SINGLE, MARRIED,	8. DATE O		. AGE lest birthday	IF UNDER 1 YEA				
Male White (Specify) Sing.	le 1-5	-96	60 yrs.	Months Day	s Hours	Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INI	OF BUSINESS OUSTRY	11. BIRTHPLACE (State or foreig	in country)		IZEN OF WHA	AT.		
	known	Maryland		USA				
13. FATHER'S NAME	12401112	14. MOTHER'S MAIDEN N	I A MF	U J				
				_				
	Deceased		ffeld - Dec	eased				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S. (Yes, gp., or unk.) (If Yes, give yer of dates of service)	OCIAL SECURITY NO.	17. INFORMANT & A	DDRESS					
Yes W I	Jnknown	Hospital R	ecords, VAH	. Perrv	Point.	Md.		
T DIFFE OF AD ADMINISTRAL DIRECTLY IS BUILD TO BE THE	18. MEDICAL CER			[]:	VTERVAL BETW			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			,		NSET AND DE			
IMMEDIATE CAUSE (A) Bronch	opneumonia.	Left lower lobe	e, unresolve	ed	1-2 day	78		
ANTECEDENT CAUSE(S) DUE TO			m Tales mili					
Charles nice was mile another dated		genic left uppe	er Tope, MT	LII	unknown	Ţ		
STATING UNDERLYING CAUSE LAST, DUE TO METAST	casis to lym	oh nodes <u>general. mode</u>	estalu caver	na .	unknown	3		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ropereropra•	general, mode	AVELY SEVE		diminum.	1		
TO THE DEATH BUT NOT RELATED TO THE								
DISEASE OF COND TION CAUSING DEATH. 198. DATE OF OPERATION 198. MAJOR FINDINGS OF	OPERATION				20. AUTOPS	Y 2		
THE OTHER PROPERTY OF	OFERMION			1	ES R NO			
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, III) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office		Ic. WHERE DID INJURY OCCUR	? (City or town)	(County)	(State)	_		
(IF EITHER, NOTIFY MEDICAL EXAMINER)								
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21s. INJ While	URY OCCURRED	EII. HOW DID INJURY OCCUR	?					
TEA M. at work	et work							
22. I hereby certify the Mixattended the deceased	1 from 2-9	1956 to	3-2 1956	XINGET TOUR	SYCHOOLING SHARE	53000		
alegan and the second and the second and the						- Presidental		
TIL DIE AMARIANAAN AND TANAANAAN AND TIL	Professional	Savuices Appe	EES (Street, city, town		OVE. DATE SIG	GNED		
				,,				
J. O. GRASBERGER, Acting Direct	DON M.D.	VAH, Perry Po:		as societal	3-2-5			
REMOVAL (SPECIFY)			LOCATION (City, town		(Si	tele)		
Removal 3-2-56	77 7 1							
	Balti		Baltimore	. Ma				
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	Balti	25. ENNERAL DIRECTOR'S	Baltimore HIGHATURE	addre	ESS			

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CERTIFICATE OF DEATH 2897

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Rea.	Dist.	No	<u>/</u>	Con	

1. PLACE OF DEATH	2, USUAL RESIDENCE (HOME) OF DECEASED
COUNTY CECIL MARYLAND	STATE MA COUNTY Cecil
CITY (if outside corporete limits, write RURAL LENGTH OF STAY OR and gifts nearest fown).	CITY (if outside corporate limits, write RURAL end give neerest town)
OR end gifty neerest feyon) TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	TOWN Try this hosit.
HOSPITAL OR	STREEY (If rurel give location)
STREET ADDRESS 89 M Marw St	ADDRESS 89 M. MININ'- ST
3. NAME OF / (First) 2 (Middle)	(Lost) 4. DATE (Month) (Day) (Year)
(Type or Print) of ora May Ste	Worng DEATH 3 - 26 1936
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVIDICED,	BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
Temale White Sport Marked Sept	23, 1813 82 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTBY?
retiget our Wike an Home	Maryland R.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Parr	Francis T. Hyland
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. [1] Yas, no, or unk.] [1] Yas, give wer or dates of service]	17. INFORMANE & ADDRESS
no	Vida Stabbrug Hort Notroat, Ma
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
420. IMMEDIATE CAUSE (A) /// MYCON	ideal Marchen 3 hours -
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST, DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING // (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	erous= 390
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	2D. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21b PLACE (Homa, farm, fectory, 0R CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.] (If EITHER, NOTIFY MEDICAL EXAMINER)	ic. WHERE DID INJURY OCCUR? (City or town) (County) (Stelle)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21s. INJURY OCCURRED While Not while	II. HOW DID INJURY OCCUR?
M. et work at work.	
22 I havely entity that I attended the deserved from I the as (
	79.54, to War 26, 19.56, that I last saw the deceased
alive on Diox . 7.6: 19.56, and that death occurred at.	
alive on 10 10 19 56 and that death occurred at .	ADDRESS (Street, city, town, state) DATE SIGNED 1-27-56
alive on 100 2 5 19 5 5 and that death occurred at .	ADDRESS (Street, city, lowe, state) DATE SIGNED 1-27-56
alive on 10 v. 20; 19 56, and that death occurred at BEGNATURE M.D. 23. BURIAL GREMATION, PREMOVAL (SPECIFY) AUTUAL 3-29-1936 HOFEWILL	ADDRESS (Street, city, town, state) PATE SIGNED ADDRESS (Street, city, town, state) DATE SIGNED LOCATION (City, town, or county) CREMATORY LOCATION (City, town, or county) LOCATION (City, town, or county)
alive on	ADDRESS (Street, city, town, state) DATE SIGNED 1-27-56
alive on 10 10 20, 19 56 and that death occurred at BIGNATURE M.D. 23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR CE	ADDRESS (Street, city, town, state) PATE SIGNED ADDRESS (Street, city, town, state) DATE SIGNED 1-27-54 CREMATORY LOCATION (City, town, or county) Control of the causes and on the date stated above. DATE SIGNED (State)

INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death. After certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of death certificate assembly should be detached for use as a burial transit permit. 2

VS A15C 1-55 10M ---



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Pages 1 pages

8. Give Page PM3. Page

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cremation

burial.

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permit.

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cute the certificate, writing the farwarded to the Chief Medical FUNERAL DIRECTOR: Page 3 st

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1			YLAND STAT	E DEPART	MENT OF H	IEALTH	I—BAL	TIMORE, 1	8 02	790
.nue		-2	2783	CERTIFIC	ATE OF I	DEATH	4		Reg. Dist. No.	92
filed wit	1, 1	LACE OF DEATH	cil	MARYLAND	A STATE		land	b COUNTY	on: Residence befor	e odmission)
be ag		. CITY OR TOWN (If outside corporate I RURAL and give negrest town)	imits, write c. LENC	OTH OF STAY IN 16			,		URAL and give nea	rest lown)
pino pino		ELKTON NAME OF HOSPITAL (If not in hospito	ana street oddress)	l week	d. STREET	ural	Elkt	on	1.	e IS RESIDENCE
2 sh	1	OR INSTITUTION	on Hospit	al	d. SIREET					ON A FARM? YES NO
		AME OF ECEASED (ype or print) Kati	nerine	Middle Sarah	Sy	kes	4. DATE OF DEATH	Man Man	rch 2	
÷ O	5. 5	F 6. COLOR OR RAC	WIDOWED A	NEVER MARRIED	8. DATE OF BIRT		.867	9. AGE (In years lost bythdoy) OD yrs	Months Doys	Hours Min.
a do do	10a	USUAL OCCUPAT ON (Give kind of we during most of workies the even if retin	rk done 10b. KIND OF	BUSINESS OR INC		Maryl	_	ountry)		S.A.
s after	13.	James Davis			14. MOTHER'S	MAIDEN N uise		ton		
72 h≣ur	15. (Yes	VAS DECEASED EVER IN U. S ARMED F	af anadoni 1	SECURITY NO 17.	Madeli	ne A	ı. St	ubbs, R	 D#2,E1k	ton, Md.
Then please		PART I. DEATH (Enter only one PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE OF THE PART II. DUE	of ten	(b), and (c).]	n Leg	V)			INTE	RVAL BETWEEN EL AND DEATH
it permit id in any		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	(b) Ask	Eleun	- OND	user	_		2	a years
ial-trans aval, or	CATION	PART II. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBU	TING TO DEATH B	UT NOT RELATED TO	O THE TERM!	NAL DISEAS	E CONDITION GIV	EN IN PART 1(0) 19	Y/AS AUTOPSY PERFORMED? YES NO
or reg	CERTIFICATIO	200. ACC.DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINE	20b. DESCRIBE HO	W INJURY OCCUR	RED (Enter noture o	of injury in I	Port I or Port	t II of item 18.)		
emofion,	MEDICAL	Oc. TIME OF INJURY Month, Day, Hour o. ft. p. m.	While No	CCURRED 20e.	PLACE OF INJURY foctory, street, offic	(Home, farm te bldg., etc.	, 20f. (City	or town)	(County)	(Stole)
oched for		21. I certify that I attended to alive on The school	he deceased from		19 <u>/5/</u> th occurred at	7 18	M, from			w the deceased e stated above.
niar to l		ACTUAL SIGNATURE	Don	P	_M.D(OX	ADDRESS (SI	treet, city or town, APEAK	stote) ECITY	DATE SIGNED
should istror p		PHYSICIAN'S HENRY	V.DAUK	SME)					1/
page 3	220	BURIAL, CREMATION, 226. DATE THE REMOVAL (Specify) 3-2	22c. N.	AME OF CEMETERY Elkton		У		TION (City, town, clkton, l	or county) Maryland	(State)
: (A)	23.	LIMERAL DIRECTOR'S SIGNATURE	11.5 2	DRESS 1	mo	3	BY REGIST	RAR 24b REGIS	STRAR'S SIGNATUR	E .
/55	L	11/ Hanny del	your Cl	1 you	me	DATE	7/5	6 5	17 3200	

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ofter death:

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MAR ST 1956

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSELAND DEATH

> PERFORMED? YES NO

> > (Stote)

DATE SIGNER

(Stofe)

Day

Days

(County)

ON A FARM?

YES NO

Year

1956

Min

after death. may be rela V\$ A15 (4) 15M 9/55

CHURCATE OF OLATIC

distant.

BUREAU V. S.

WAR BY 1956

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